

Foster Family Home - Corrective Action Report

Provider ID: 1-180022

Home Name: Remedios Salazar Domanico,
CNA

Review ID: 1-180022-2

94-534 Loaa Street

Reviewer: Lisa Johnson

Walpahu

HI 96797

Begin Date: 4/5/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection for a 2 person CCFFH recertification made on 4/5/2019. Corrective Action Report issued during home inspection with all items due to CTA by 5/5/2019.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(1) The primary caregiver must be at least twenty-one years old, and the substitute caregiver shall be at least eighteen years old.

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.c All 12 hours of in-service for 2018 are done at another work place and is not signed by supervisor.

41.b.1 CG#4 Drivers license expired 11/05/2018.

41.b.1 HHM# 3 Driver license expired 12/11/2018

41.b.8 CG#4 has lapse in BBP certification. Last one expired 1/16/2018 next one done 3/26/2019.

Foster Family Home Insurance Requirements

[11-800-51]


51.(a)(1) General:

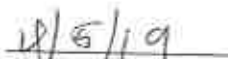
Comment:

51.a.1 HHM# 1 is listed on Liability Insurance as a substitute caregiver.


Compliance Manager


Primary Care Giver


Date


Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Remedios Domanico

CCFFH Address: 94-534 Loaa St. Waipahu, HI. 96797

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|---|----------------|---|
| 41.c | Caregiver #1 attended the in-services held in 2018, signed by supervisor at a different location other than address stated above. | 4/6/19 | Home understands the importance of in-services and will make sure they are met in a timely matter/ in compliance with what is needed. |
| 41.b1 | CG #4 replaced expired ID with up to date ID. Which were placed in binder. | 4/7/19 | Home is aware that the form of ID should be easily accessible and will put a reminder in phone prior to ID expiration. |
| 41.B1 | HHM#3 replaced expired Drivers license with up to date Drivers license, which was placed in binder. | 4/7/19 | Home is aware that Drivers license form should be easily accessible and will put reminder on phone prior to expiration. |
| 41.B8 | CG#4 obtained her valid and up to date Blood Borne Pathogens, Cardiopulmonary, and First Aide. Which were placed in binder. | 5/1/19 | Home will check expiration dates ahead of time and will place reminder on phone prior to expiration. |

Primary Caregiver's Signature: Remedios Domanico

Print Name: Remedios Domanico

Date of Signature: 5/3/19

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Remedios Domanico

CCFFH Address: 94-534 Loaa St. Waipahu, Hi. 96797

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|---|----------------|--|
| 51.A.1 | HHM#1 has been removed due to him not being a caregiver and proper caregiver is listed instead. | 4/6/19 | Home understands that only caregivers should be listed on the liability insurance not HHM#1. |

Primary Caregiver's Signature: Remedios Domanico

Print Name: Remedios Domanico

Date of Signature: 5/3/19